

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28777

1. PLACE OF DEATH

County Buchanan Registration District No. 5
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. 1002 Green) St. Ward

2. FULL NAME Mary Alice Maple

(a) Residence, No. 1002 Green St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob W. Maple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 18

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept. 1933 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon, Missouri

13. NAME John H. Brodbeck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania

15. MAIDEN NAME Susan Lynn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Maryland

17. INFORMANT (ADDRESS) Mrs. W. L. Whitman, 1002 Green Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon, Mo. DATE Sept. 7, 1933

19. UNDERTAKER (ADDRESS) Heaton, Beale & Brown, 319 So. 10th St. Funeral Home

20. FILED 4-2-33, 1933 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1933

22. I HEREBY CERTIFY that I attended deceased from Aug 29 to Sept 7, 1933. I last saw h. alive on Sept 1, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Aug 29

Other contributory causes of importance:

Name of operation Cholec Date of 7/10
 What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. H. Ottomari, M. D.

(Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933

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